

FACILITIES MANAGEMENT OFFICE		
USER EVALUATION OF CONSTRUCTION OF FACILITIES (COF) DESIGN AND CONSTRUCTION WORK		
Project Title:		
Customer:	Organization Code:	
AS22 Project Manager:		
Design A / E:	Contract Number:	
Please help us improve our services to our customer by taking a few moments to answer these questions. Return your completed questionnaire to AS22/Pam Davis via e-mail or mail. Your feedback is very important to us.		
CUSTOMER INTERFACE		
Please RATE on a scale of 1 to 5: 1 = Completely Dissatisfied 2 = Somewhat Dissatisfied 3 = Satisfied 4 = Somewhat Satisfied 5 = Completely Satisfied		
DESIGN		
1	The Project Manager was available and helpful during the life of this project/task.	
2	The Project Manager contacted you at the beginning of the design.	
3	Invitation was given to participate in design reviews and/or given opportunity to review the design as it progressed through the design cycle.	
4	The quality of the design met my expectations and agreed upon requirements.	
5	Were you treated in a courteous and professional manner?	
CONSTRUCTION		
1	The Project Manager was available and helpful during the life of this project/task.	
2	The Project Manager and Construction Inspector were known to you and clearly communicated the construction schedules and construction events to take place.	
3	The Project Manager kept you informed of construction progress.	
4	The Project Manager contacted you at the completion of the task to walk-through the facility.	
5	The quality of the construction work met my expectations.	
6	Outages and interruptions were well coordinated.	
7	"Agreed upon" changes to my requirements were accommodated by the Project Manager.	
8	Schedule slips were communicated with me in time to coordinate my operational plans/needs.	
9	The project satisfied the requirements for the program schedule.	
10	Were you treated in a courteous and professional manner?	
Comments: Please provide any suggestions for improvements 		